

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/5

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 10/01/2009 **THROUGH** 12/31/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF FILER:

ASSOCIATION OF ORANGE COUNTY DEPUTY SHERIFFS

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SANTA ANA

CA

92703

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>0.00</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>24900.00</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>0.00</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>24900.00</u>
---	----	-----------------

E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
---	----	-------------

F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
01/28/2010

At (City and State)
Santa Ana California

By (Signature of Employer or Responsible Officer)
Mrs. Shiree Colton

Name of Employer or Responsible Officer (Type or Print)
Mrs. Shiree Colton

Title
Executive Assistant

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: ASSOCIATION OF ORANGE COUNTY DEPUTY SHERIFFS**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title	Name and Title

☐ If more space is needed, check box and attach continuation sheets.
PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 0.00	\$ 0.00

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
Frayne & Associates Sacramento, CA 95814	24000.00	900.00	0.00	24900.00	47725.00

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 24900.00

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: ASSOCIATION OF ORANGE COUNTY DEPUTY SHERIFFS**C. ACTIVITY EXPENSES** (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☐ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

2. OTHER PAYMENTS

\$ 0.00

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 0.00

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION
 Also, enter the total of Section E on Line E of the
 Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF FILER: ASSOCIATION OF ORANGE COUNTY DEPUTY SHERIFFS

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: 782021

Association of Orange County Deputy Sheriffs Political Action Committee

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

TEXT ANNOTATION

PAGE 1

Schedule	F635	Reference No:
AB 2 4 5 6 7 8 9 10 14 16 17 18 22 27 32 38 53 54 58 59 61 62 77 79 82 83 86 90 91 92 99 104 105 114 125 128 130 131 141 151 155 1 -		
58 168 169 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207		
208 209 225 237 242 243 250 268 270 275 286 287 297 312 316 319 320 322 337 349 357 358 361 382 383 399 430 438 446 468 486 5 -		
04 506 509 528 532 559 586 592 609 614 616 632 640 653 657 671 680 704 713 731 746 750 751 768 781 785 787 789 803 806 807 819		
820 845 853 858 944 948 952 955 960 962 988 995 999 1017 1018 1053 1081 1129 1133 1136 1153 1166 1209 1211 1227 1232 1270 1 -		
286 1289 1338 1342 1354 1355 1359 1360 1362 1363 1369 1376 1390 1408 1429 1434 1439 1477 1484 1487 1492 1498 1506 1582 1584		
1586 1601 1603 1641 1645 1651 1658 1661 1663 1666 1671 1676 ABX1 6 10 ABX2 1 5 6 ABX3 1 8 11 14 ACA1 6 8 9 ACAX31 ACR1 16		
SB 3 5 6 8 9 18 27 30 34 38 39 41 46 50 52 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88		
89 90 110 113 115 121 125 134 145 150 151 153 154 156 157 159 163 166 169 174 175 179 185 186 187 285 292 314 319 325 345 352 -		
389 399 408 431 432 434 440 441 447 449 484 490 519 538 556 564 566 583 588 625 628 634 636 656 676 678 684 686 711 724 738 7 -		
48 758 773 774 789 791 807 828 834 839 840 877 881 883 884 SBX1 7 8 9 10 11 12 13 14 SBX2 1 2 4 5 6 10 11 13 14 SBX3 1 2 3 10 11		
14 16 17 18 19 20 21 22		